

Died at

Town

County

MARYLAND

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

Male

White

~~Married~~~~Widow~~~~Divorced~~

Farmer

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Age & neglect

How long sick

unknown

Death

Immediate

Unknown

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Emma Boswell

Town

County

Died at

X Roads

Prince Georges

MARYLAND

Date 189

8

Month

Day

Y.

~~M.~~ ~~D.~~

Native of

Occupation

Aug. 18th

Age

9

Prince Georges County

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~~~Number of children living~~

Husband

of

Wife

Father's

Name

Jos. T. Boswell

Mother's

Name

Ann V. Adams

Cause of

Primary

Congestive Fever

19

How long sick

one week

Death

Immediate

convulsions - coma -

~~Accident, Suicide, Homicide~~

Reported by

W. G. Prohlo, M.D. Accokeek,
Md.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968



Name in Full

Certificate of Death

William Skidmore Brauns

Died at

Hyattsville

County

D. C.

MARYLAND

Date 189

8

Month

Aug 31

Day

Y.

M.

D.

Age

28

-

-

Native of

Va

Occupation

clerk

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Single~~

Widower

Number of children living

—

Husband

of

Maria Greenwood

Wife

Father's

Name

Wm. K. K. K.

Mother's

Name

Wm. K. K. K.

Cause of

Primary

Phthisis

229

How long sick

One year

Death

Immediate

Accident, Suicide, Homicide

Reported by

Chas. A. White

Address

Hyattsville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65069



Name in Full

Certificate of Death

James Edward Branner

Died at X Roads, Prince Georges County, MARYLAND

Date 1898 August 10th one hour P. M. P. G. Co
 Male Wrote Married Widow Divorced Number of children living
~~Female~~ Colored Sing Widower

Husband
of
Wife

Father's Name Joseph Branner Mother's Name Lizzie Butler

Cause of Death { Primary Premature 138 1/2 How long sick one hour
 Immediate Spasms Accident, Suicide, Homicide

Reported by Eliza Yacko - Midwife - Accokeek, Md.
 Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.
 (Per Dr. Fox) Md.



Name in Full

Certificate of Death

John Henry Brown
 Died at ^{Town} Marlboro ^{County} P.G. Co Md

MARYLAND

Date 1898 ^{Month} 8 ^{Day} 1 ^{Y.} 6 ^{M.} — ^{D.} — ^{Native of} Marlboro ^{Occupation} —
 Male ~~Female~~ ~~White~~ ~~Colored~~ ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband
 of
 Wife

Father's
 Name

Mother's
 Name

Mary Brown

Cause of { Primary *Dysentery*
 Death { Immediate

89

How long sick

8 days

Accident, Suicide, Homicide

Reported by

G. Frank Lowm. M.D.

Address

Marlboro Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 1898



Name in Full

Certificate of Death

Jas. C. English

Town

County

Died at

Laurel

Prince Georges, Co.

MARYLAND

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

8 Aug 19 Age 57 1 15 Frederick City Blacksmith

Male

yes

White

yes

Married

yes

Widow

yes

Divorced

—

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Cause of

Primary

Immediate

Death

Mother's

Name

How long sick

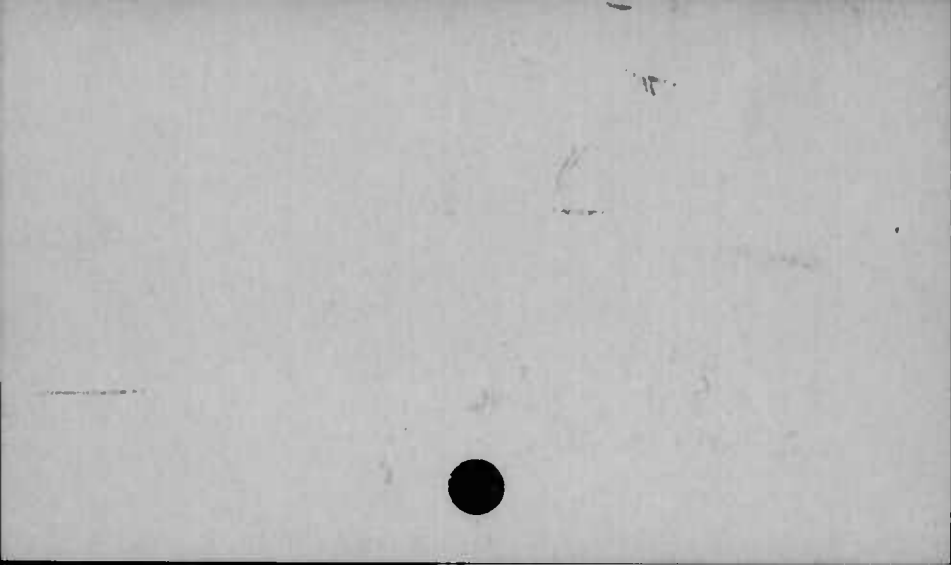
Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Barrie Ford

Town

County

Died at

MARYLAND

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

8

Aug

17

Age

14

Md

None

~~Male~~

White

~~Marrried~~

Widow

~~Divorced~~

Female

Colored

Single

~~Widower~~~~Number of children living~~

Husband

of

Wife

Father's

Name

Ben Ford

Mother's

Name

Prasene Hill

Cause of

Primary

Nutrition

How long sick

5 years

Death

Immediate

Convulsions

161

~~Accident, Suicide, Homicide~~

Reported by

Rawlings & Bro

Undertaker

Address

North 10th St Md



Name in Full

Certificate of Death

Died at

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~~~Widow~~~~Number of children living~~~~Husband~~

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65068



Name in Full

Certificate of Death

Town

County

Died at

MARYLAND

Date 1898

Month

Day

Y.

M.

D.

Native of

Occupation

Male

White

Married

Widow

Divorced

~~Female~~

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 1906



William Leaman

Town

County

Died at

MARYLAND

Date 1898

Month

Day

Y.

M.

D.

Native of

Occupation

Aug 14

Age

16.8.5

Md

School Boy

Male

White

~~Married~~

Widow

~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

John Leaman

Mother's

Name

Margaret Brachman

Cause of

Primary

Typhoid Fever

How long sick

7 Weeks

Death

Immediate

Funeral Parlor

Accident, Suicide, Homicide

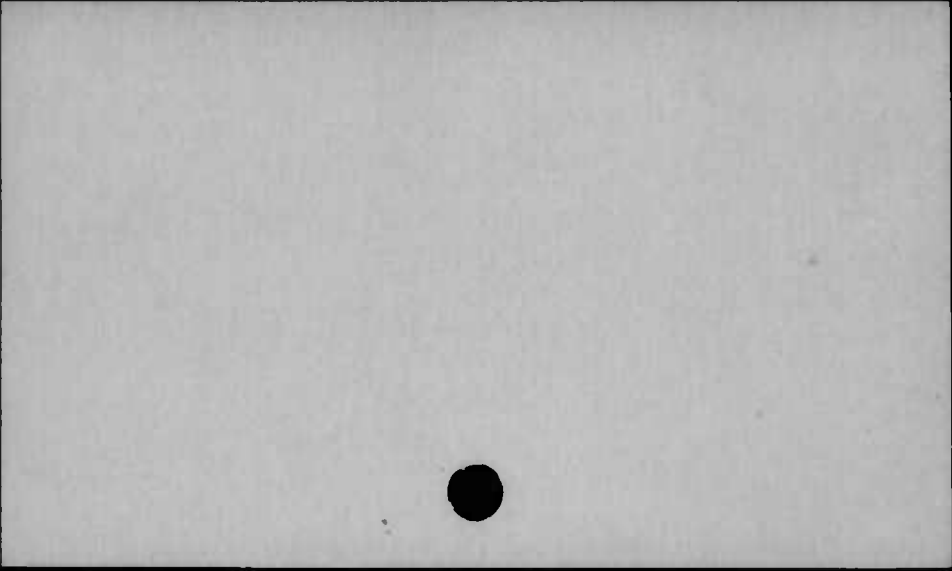
Reported by

J. R. Hunt 2710.

Address

Lancaster 500

1



Arthur Mahew

Town

County

Died at

Camp Springs

Prince Geo Co

MARYLAND

Date 189

8

Month

Day

aug 18

Y.

M.

D.

Native of

Occupation

Age

23

md

Gardner

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living 2

Husband

of

Alice Mahew

~~Wife~~

Father's

Name

Ben Mahew

Mother's

Name

Susana Mahew

Cause of

Primary

Typhoid Fever

How long sick

11 days

Death

Immediate

Hemorrhage Intestine

~~Accident, Suicide, Homicide~~

Reported by

John E. Samsbury M.D.

Address

Forestville Md



Name in Full

Certificate of Death

Albert Paul Mangrum

Town

County

Died at

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 189

Aug 5

Age

30 years

Male

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 87553

100-100000



Name in Full

Certificate of Death

Edward Pennell

Town

County

Died at

Over Hill Prince George

MARYLAND

Date 189

Month Day

Y. M. D.

Native of

Occupation

1897

Aug. 6

1 9

P.D. Co.

—

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~

Single

~~Widower~~~~Number of children living~~

Husband

of

Wife

Father's

Name

Edward Pennell

Mother's

Name

Annie

Cause of

Primary

Dysentery

Death

Immediate

Dysentery

How long sick

139

About two weeks

Accident, Suicide, Homicide

Reported by

C. P. Simpson M.D.

Address

Over Hill P.D. Co. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65966



Died at *Upper Marlboro* *P. M. Co* *MD* **MARYLAND**
 Town County
 Date 189*8* *Aug. 26* Month Day Y. M. D. Age *5-* Native of *Marlboro* Occupation *—*
 Male *White* Married *—* Widowed *—* Divorced *—*
 Female Colored Single Widower Number of children living

Husband of
 Wife
 Father's Name *Edmund Perry* Mother's Name *Christiana Perry*

Cause of Death { Primary *Dysentery* 8a How long sick *5 days*
 Immediate Accident, Suicide, Homicide

Reported by *Y. H. Owen M.D.*

Address *Upper Marlboro Md*



Name in Full

Certificate of Death

George Proctor

Town

Clinton

County

Prince Georges

MARYLAND

Died at

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

Aug 5

Age

about 80 yrs Maryland

farmer

Male

~~White~~

Married

~~Widow~~~~Divorced~~~~Female~~

Colored

~~Single~~~~Widower~~

Number of children living one

Husband of

W.E.

Father's

Name

Cause of

Primary

Death

Immediate

Reported by

Address

Elizabeth Ann Brown

John Proctor

Mother's

Name

Mary Proctor

How long sick

2 weeks

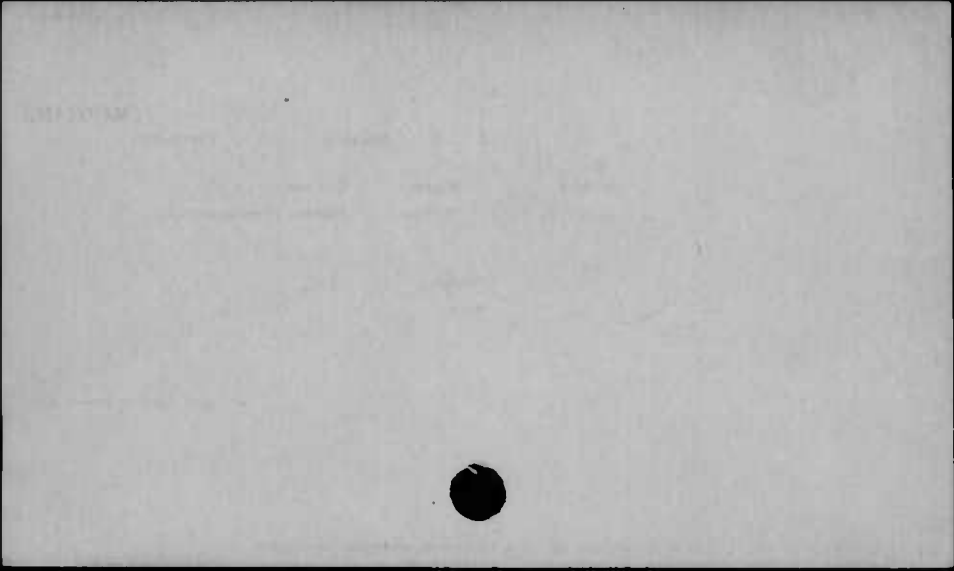
Cystitis & retention of urine
Exhaustion caused by pain~~Accident, Suicide, Homicide~~John A. Coe M.D.
J.B.

102

P. G. Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, DEER



Name in Full

Certificate of Death

Died at

Town

County

MARYLAND

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband
of
Wife

Father's

Mother's

Name

Name

Cause of

Primary

Death

Immediate

How long sick

3 Weeks

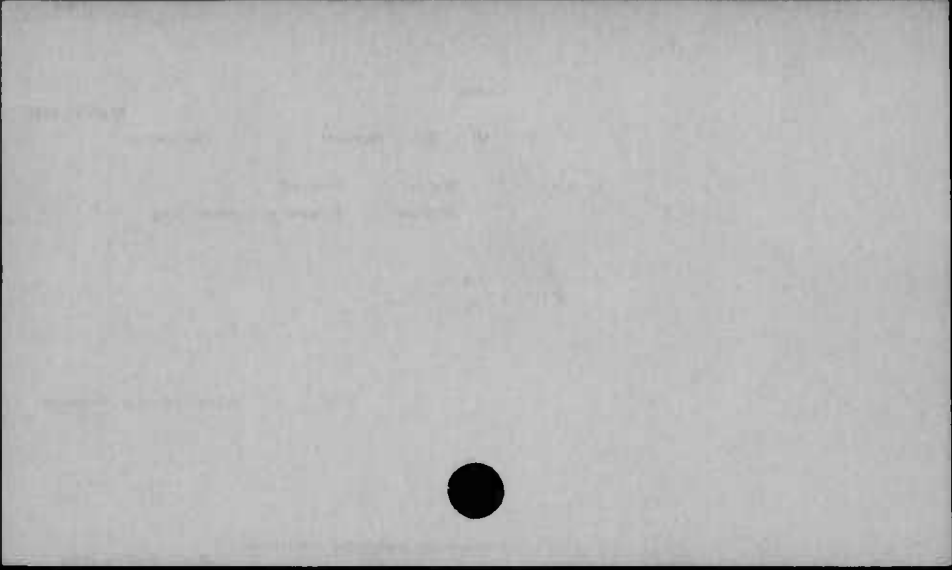
Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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Name in Full

Certificate of Death

Died at

Date 189

Male

Husband

of

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Town

County

Month

Day

Age

Y.

M.

D.

Native of

Occupation

MARYLAND

Widow

Divorced

Widower

Number of children living

Mother's

Name

How long sick

Accident, Suicide, Homicide

Brunswick Herald Aug. 27

LIBRARY BUREAU, 65968



Name in Full

Certificate of Death

George Smathers

Died at ^{Town} Bel Air, Md. ^{County} Poly Co MARYLAND

Date 189 8 ^{Month} 8 ^{Day} 30 ^{Age} 16 ^{Y.} 16 ^{M.} 16 ^{D.} 16 ^{Native of} Md ^{Occupation} Inmate
^{Male} Male ^{White} White ^{Married} Married ^{Widow} Widow ^{Divorced} Divorced
^{Female} Female ^{Colored} Colored ^{Single} Single ^{Widower} Widower ^{Number of children living} Number of children living

Husband of
Wife

Father's Name G. W. Marris Mother's Name Elizabeth Smathers

Cause of Death { Primary Cyphoid fever Immediate Exhaustion & delirium How long sick about 4 or 5 weeks
Accident, Suicide, Homicide

Reported by W. H. Libbans M.D.
Address Bel Air Md Poly Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



John R Smith

Town

County

Le roon

PA Co

MARYLAND

Died at

Date 189

8

Month

8

Day

31

Age

37

Y.

M.

D.

Native of

Md

Occupation

none

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~~~Number of children living~~Husband
of
WifeFather's
Name

John H. Smith

Mother's
Name

Margaret E. Smith

Cause of

Primary

Nervous affection from Sun stroke 16 years

How long sick

Death

Immediate

Exhaustion

~~Accident Suicide Homicide~~

Reported by

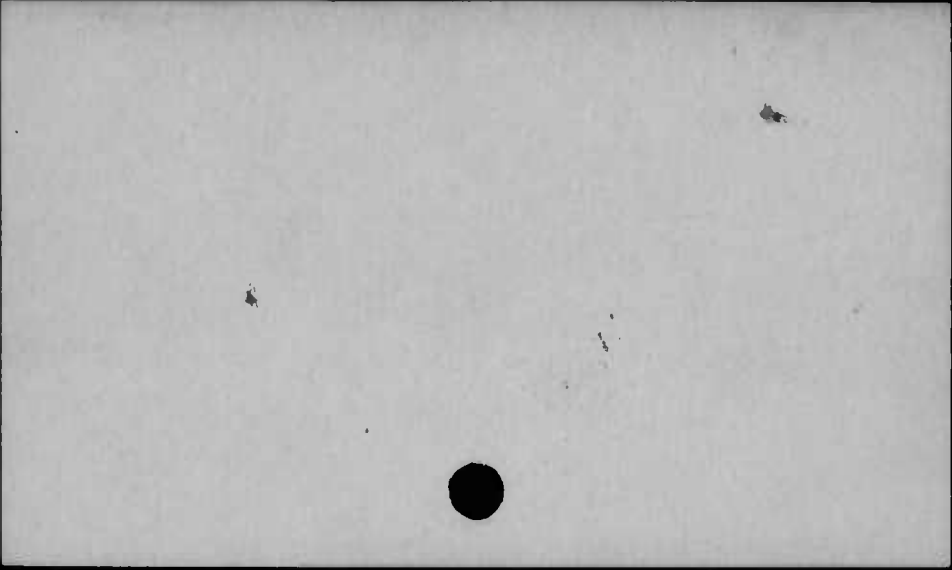
W. H. Hibbons Md

Address

Le roon

Md

147



Name in Full

Certificate of Death

Hattie Daisy Spicer
Died at ^{Town} Upper Marlboro ^{County} P. Geo. Co. MARYLAND

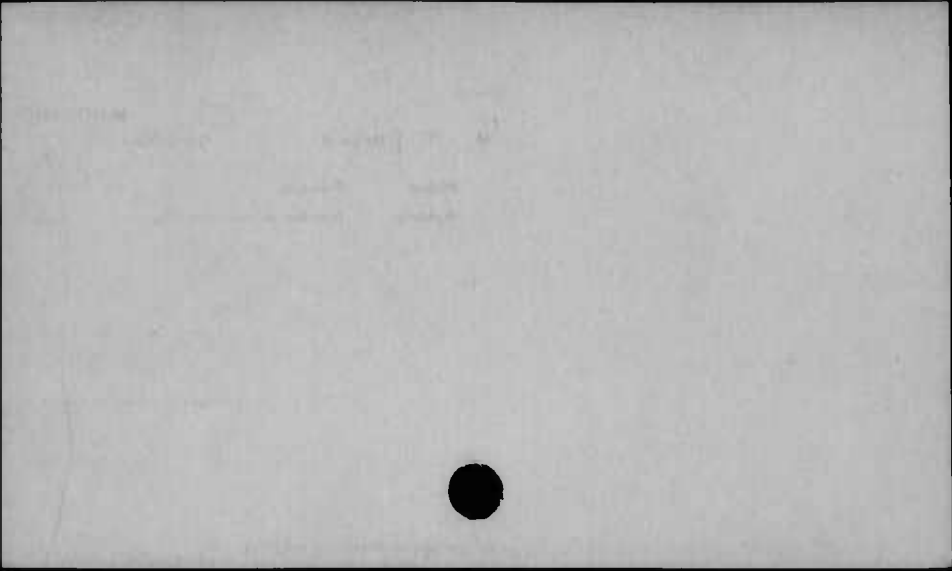
Date 189 8 ^{Month} 8 ^{Day} 30 ^{Y.} 11 ^{M.} 10 ^{D.} 11 ^{Native of} P. Geo. Co. ^{Occupation} School girl
~~Male~~ Female ~~White~~ Colored ~~Married~~ Single ~~Widow~~ Widower ~~Divorced~~ Number of children living

Husband of
Wife

Father's Name William J Spicer Mother's Name Emily Spicer

Cause of Death { Primary Typhoid Fever Immediate 1 How long sick 20 days
Accident, Suicide, Homicide

Reported by Reverdy Sasser M. D.
Address Upper Marlboro Maryland



Name in Full

Certificate of Death

Bertie Thompson

Town

County

Died at

Clinton

D. C. Co

MARYLAND

Date 189

Month Aug. Day 28

Age

13

Y.

M.

D.

Native of

Ind.

Occupation

x

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~~~Number of children living~~

Husband

of

Wife

Father's

Samuel Thompson

Mother's

Name

114
May Thompson

Cause of

Primary

Suffered hemorrhage

How long sick

10 days

Death

Immediate

Hemorrhage from lungs

Accident, Suicide, Homicide

Reported by

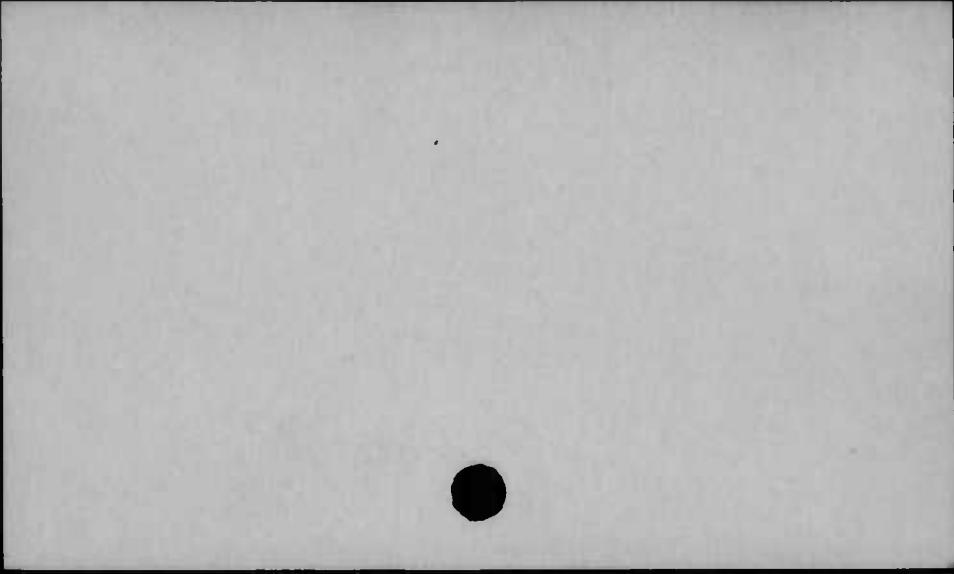
J. L. Waring

Address

Clinton

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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Name in Full

Certificate of Death

Leah Wood
 Died at *Marlboro P. G. Co* ^{Town} ^{County} *MD* ^{MARYLAND}

Date 189*8* ^{Month} *8* ^{Day} *2nd* ^{Y.} *4* ^{M.} *—* ^{D.} *—* ^{Native of} *Ind.* ^{Occupation} *—*
~~Male~~ *Female* ^{White} *—* ^{Married} *—* ^{Widow} *—* ^{Divorced} *—*
~~Female~~ ^{Colored} *—* ^{Single} *—* ^{Widower} *—* ^{Number of children living} *—*

Husband
 of
 Wife

Father's Name *Freeman Wood* Mother's Name *Charlotte Wood*

Cause of Death { Primary *Dysentery* *80* How long sick *2 weeks*
 Immediate *—* *—* Accident, Suicide, Homicide

Reported by *G. French O'Went M.D.*

Address *Marlboro* *Ind*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 25563

